CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 20 AM 9:37
SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

   Michael B Harris, MD, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

   8759 S Loffs Bay Road
   (Street Address)

   Coeur d'Alene, ID 83814
   (Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Michael B Harris	8759 S Loffs Bay Road, Coeur d'Alene, ID 83814
(Name)	(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
Michael B Harris	8759 S Loffs Bay Road, Coeur d'Alene, ID 83814

5. Mailing address for future correspondence (annual report notices):

   8759 S Loffs Bay Road, Coeur d'Alene, ID 83814

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____
Typed Name: Michael B Harris

Signature _____
Typed Name: _____

g:\corpforms\LLC forms\cert_org_llc.PMD
Revised 07/2008

Secretary of State use only

IDAHO SECRETARY OF STATE
10/20/2008 05:00
CK: 671 CT: 230713 BH: 1140829
1 @ 100.00 = 100.00 ORGAN LLC # 2

W78556